

Mailing Address:

New Hampshire Board of Nursing
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Concord NH 03302-3898

Location

78 Regional Drive, Bldg. B
Concord, N.H. 03301
Telephone:
Nursing: (603) -271-2323
Nurse Assistant: (603) -271-6282

State of New Hampshire Board of Nursing Newsletter

Board Members

Gail Barba, Public Member
Term Expires 12/1/2003

Margaret Franckhauser, A.R.N.P.
Vice Chairperson
Term Expires 5/10/2003

Harley Featherston, Public Member
Term Expires 5/10/2003

Brenda L. Howard, L.N.A.
Term Expires 10/24/2004

Stanley J. Plodzick, Jr., M.Ed., R.N.,
Chairperson
Term Expires 5/10/2004

Karen Baranowski, DNSc., R.N.
Term Expires 6/21/2004

Mary Lou Asbell, M.S., R.N.
Term Expires 5/10/2003

Tricia Duff, L.P.N.
Term Expires 5/10/2003

Linda L. Compton, B.S., R.N.
Term Expires 5/10/2004

Constance Theberge, L.P.N.
Term Expires 11/16/2003

Linda M. Morel, L.N.A.
Term Expires 10/24/2004

Office Staff

Cynthia Gray, M.B.A., B.S.(n), R.N.
Executive Director

JoAnn Allison, M.S., R.N.
Assistant Director, Nursing Education

Margaret Walker, M.B.A., B.S.(n), R.N.
Program Specialist IV

Kathryn Dickson
Executive Secretary

Susan Goodness
Administrative Assistant

Kim Cicchetto
Executive Secretary

Sheila Stolte
Senior Accounting Technician

Carol Coulsey
Secretary II

Susan D. Isabelle
Secretary II

Debbie Emerson
Secretary II

Kathryn Crumb
Secretary II

Debbie Hoos
Secretary II

JoAnn Seaward
Secretary I (PT)

Robin Leclerc
Secretary I (PT)

FEATURES this issue:

- Board Highlights
- Important Notice
- Message from the Chair
- Day of Discussion
- Notes from the Executive Director

NEED INFORMATION

24 HOUR, 7 DAY-A-WEEK SERVICES

Dial: 603-271-6599

PRESS 1:

To verify a nursing license.

PRESS 2:

To verify a nursing assistant license.

PRESS 3:

For the Board of Nursing mailing address, telephone number and directions to the Board office.

PRESS 4:

For the Bulletin Board.

- Notices, Announcements and General Information.
- Office hours.

PRESS 5:

Overview of the licensing by examination (NCLEX) application process.

PRESS 6:

For information about the status of an application filed with the Board.

OR



CONNECT TO THE INTERNET

<http://www.state.nh.us/nursing/>

Click on the links to Board information such as:

Verification Center for licensure and application status information.

On-Line Forms for Board forms: license application, complaint, and re-entry.

Board Approved Educational Programs/Courses for initial and ongoing education of registered and practical nursing and nursing assistants.

For other information call the Board during scheduled office hours. **DIAL:** 603-271-2323 or 603-271-6282

OFFICE HOURS

Note: Temporary license applications are accepted at the Board Office. The office is open Monday through Friday 8:00 A.M. to 4:00 P.M. Eastern Standard Time

(except for designated holidays.)

NOTE: A temporary license will be mailed after review of the application. A temporary license is valid for 180 days or until NCLEX or certification examination results are received, a permanent license issued or Board action. The temporary license also becomes invalid when the application for permanent licensure expires.

HOLIDAYS OBSERVED 2002

May 27, 2002	November 11, 2002
July 4, 2002	November 28, 2002
September 2, 2002	November 29, 2002
December 25, 2002	

DATES TO REMEMBER

Board of Nursing Meetings

(The third Thursday of each month)

April 18, 2002	*August 8, 2002
May 16, 2002	September 19, 2002
June 19, 2002	October 17, 2002
July 18, 2002	November 21, 2002
December 19, 2002	

Note: Rescheduled because of meeting conflict: National Council State Boards of Nursing's Delegate Assembly.

Open Forum is the time on the Board agenda for direct communication with the Board. Individuals seeking to address the Board should contact: Cynthia Gray, M.B.A., B.S.(n), R.N. Executive Director, **at least two weeks** before the scheduled meeting time for specific information and guidelines.

COMMITTEE MEETINGS

Liaison Committee

(The fourth Thursday of each month as needed)

The Committee meets to review those applications of question forwarded by the Boards' professional staff. Committee recommendations are forwarded to the Board for consideration and final action. The committee agenda is finalized 10 days before the scheduled meeting. Only completed applications are reviewed.

Practice & Education Committee

Meetings are set as needed. Please contact the Board Office for the next scheduled date.

Joint Health Council

June 3, 2002

The scheduled meeting date, agenda and approved minutes are posted on the Board Web Page.

All meetings are open to the public, and are held at 78 Regional Drive, Concord, New Hampshire

BOARD ACTIVITIES

Message from the Board Chair

... Stanley J. Plodzik Jr., R.N.

As I begin this Spring report, I feel somewhat like the gardener watching the first plantings as they break through the new soil. There are so many things that are in the development stages at this time, both state and nationally, our new rules and regulations, state and federal support for nursing education, new regulations regarding patient safety standards, state initiatives to address the nursing shortage, proposed nurse-to-patient ratios and bioterrorism preparedness, to name just a few. As licensees, keep yourself up-to-date by reading your journals, checking the Internet and the numerous resources, including various nursing organizations you have at your fingertips to be on top of the ever-changing world of health care regulation and practice.

The work of the Board, as you all know, is by statute to safeguard life, health and the public welfare of the people of this State from unauthorized, unqualified and improper application of services by individuals in the practice of nursing. Although this may sound relatively straight forward, the reality is that health services today are complex, and so too are the actions of nurses as they practice in hundreds of different settings throughout New Hampshire.

The task of regulating nursing falls to the individuals approved by the Governor with the consent of the Council. Presently, we have eleven (11) members including 5 RN's, 2 LPN's, 2 LNA's, and 2 representative members of the public. My emphasis in this report will highlight the value and unique perspective that our two public members, Gail Barba and Harley Featherston bring to the Board. All New England states, likewise, have public member representation with Maine, Vermont and Rhode Island, also having 2 members, Massachusetts having one, and Connecticut leading the pack with 4!

What better way to gain an understanding of how both Gail and Harley view this role than to interview them, to get their first hand comments. The following are their responses:

Q: What is your general impression of the Board?

Gail: *"It has changed since I first came on. I was overwhelmed at first, particularly with the complexity of the adjudicatory process. I'm amazed now how quickly we accomplish things. We are more together, and we know what each other is thinking."*

Harley: *"The work here is very essential, and has to be done. All the members are very conscientious - doing the right thing and listening to both sides."*

Q: What was most difficult for you as a non-nurse public member?

Gail: *"Medical terminology is a big challenge along with the adjudicatory process and all the medications that are used"*

Harley: *"Medical terminology and all the abbreviations and initials you use are sometimes very frustrating. I always ask and then I know what you are all talking about."*

Q: What is the most exciting and rewarding aspect of being a Board Member?

Gail: *"Coming to a conclusion that I feel is comfortable in safeguarding the public, yet keeping the licensee from a puni-*

tive end. I feel good about our outcomes. We are less punitive than in the past."

Harley: *"To see that people do what they are supposed to do, i.e. the Board protecting the public. Other states have more public members, and I wish NH had more. We provide a safety margin to keep a balance, and actually protect the nursing profession from being accused of only taking care of its own."*

Q: What are you most proud of since being appointed to the Board?

Gail: *"I was the first one to ask about having the record of a licensee expunged. This made a great deal of difference on how we voted as it affects the licensee's career, and no one had ever questioned it before."*

Harley: *"I feel my relationship with the Governor's office is a strength. I got her and the Council to hold their meeting here last fall, and feel the outcome of that visit was very positive. They got to see exactly what we do and what our issues are."*

Q: What do you feel are the future challenges facing us as a Board?

Gail: *"The Board should have more public members. I sometimes feel the nurse members are more likely to guard their turf endemic in any profession; there should be more emphasis on the public input. However, you need the nurse members, as it is very complicated. Overall, it is a very rewarding experience but a big commitment. I wish I could do more, however, I have a six-hour commute, as you know, for every Board meeting. This is one of the most rewarding things I've ever done, and I feel I am making a difference."*

Harley: *"I think interstate licensure is a big one. Personally, I think it should be a federal license and controlled by each state. Also, legislators and lots of politicians finally realize that there is a very serious nursing shortage, and they need to do something immediately. We all need to polish the image of nursing and it has to start by getting to kids in grammar schools and high school graduates who aren't choosing nursing as a career generally, and something is wrong. I really enjoy being on the Board, and find it both very interesting and very rewarding. I hope I help with the work that is assigned to us."*

As background, Gail has been on the Board for almost 4 years, and has been active in numerous causes and public service as well as many committees throughout her life. She was employed as a paralegal in a lawyer's office, and is a strong representative of the North Country coming from the Balsams in Dixville Notch.

Harley is on his second year as a Board Member and spent a good deal of his life as a Real Estate Broker and builder. Also, he was involved world wide as an oil exploration expert, and is still very busy with various political activities in his retirement, and is from Salem.

As you can see from this brief interview with both Gail and Harley, they truly bring a wealth of life experiences and knowledge to the work of the Board. I know I speak as Chair, as well as for all the Board members, in acknowledging how invaluable they both are to us. We express our extreme sincerity and thanks for the time and talent they give us, and ultimately, their fellow citizens of New Hampshire!!

BOARD ACTIVITIES

- continued -

Board Activities

October 1, 2001 - March 31, 2002

The regulatory authority and structure of the Board of Nursing is established by law, RSA 326-B. The purpose of the Board is to safeguard life, health and the public welfare of the people of the state and to protect the people of the state of New Hampshire from the unauthorized, unqualified, improper application of services by individuals in the practice of nursing (RSA 326-B:1). The powers and duties of the Board are outlined in RSA 326-B:4. Following is an overview of the Board's activities.

- Welcomed new L.N.A. Board members: Linda Morel; Brenda Howard.
- Agreed that an LPN must practice under direction of a physician or dentist licensed in US or Canada, or under a registered nurse licensed in NH. LPNs can perform private duty patient care provided supervision requirements are met.
- Specification to ARNP practice, determined that on the job training and informal classes are not equivalent to formal education and referred to Nur 305.01 (c) and (d.).
- Forwarded to P&E for study: LPN role in hemodialysis.
- Reviewed volunteer programs for inactive nurses.
- Noted that letters were sent to Governor on behalf of BON with regard to Opt-Out Plan related to CRNA supervision
- Continued work session on Administrative Rule review. Heard testimony in support of LNA medication administration.
- August Board meeting to be scheduled for second Thursday of August because of scheduling conflict with Delegate Assembly annual meeting.
- Board agreed to forward information to ACNM Certification Council any actions taken against individual's license or credential to practice midwifery in NH during past year.
- Approved appointment of Angela Carignan, A.R.N.P., category CRNA as Liaison Committee member.
- Confirmed that only LPNs who have successfully completed a Board approved IV therapy course may replace (hang) IV solutions.
- Discussed issues related to the nurses' role and Medi planners, Board of Pharmacy regulations not related activities.
- Discussed scope of Acute ARNP practice. Reconfirmed that this scope of practice does not include the primary care setting.
- Appointed Jack Neary, ARNP category: CRNA to the Joint Health Council following the acceptance of the resignation of Robert Buccholz.

EDUCATIONAL PROGRAMS: APPROVAL STATUS: LICENSED NURSING ASSISTANT:

Program	Coordinator	Outcome
October 18, 2001		
• Berlin High School: Vocational Center Berlin NH	Judy Collins, R.N.	Continued Approval
• Sullivan County: Nursing Home Claremont NH	Elizabeth Fay, R.N.	Initial Approval
• Laconia High School J.O. Huot Technical Center Laconia NH	Cathleen Weigel, R.N	Continued Approval
• Salem High School Salem Vocational Center Salem NH	Janine Parent, R.N.	Continued Approval
• American Red Cross Train the Trainer Concord NH	Dolores Boynton, R.N.	Initial Approval
November 15, 2001		
• Lebanon Center Genesis Eldercare Network Lebanon NH	Nadine Gates, R.N	Continued Approval

• Region 9 Voc-Tech Education Center Wolfeboro NH	Mary Wakefield	Continued Approval
• Kendal of Hanover Hanover NH	Sharon Boffey, R.N.	Continued Approval
• Care Services Milan NH	Debra Cardin	Continued Approval
• Mountain Ridge Center Genesis Eldercare Franklin NH	Ellen Anderson	Initial Approval

December 20, 2001

• Partridge House LLC Hampton, NH	Eileen Piet, RN	Continued Approval
• Health Care Training Associates Manchester NH	Joanne O'Donnell, R.N.	Continued Approval
• Dartmouth Hitchcock Medical Center Lebanon NH	Kathleen Shinnors	Initial Approval

January 17, 2002

• Glencliff Home for the Elderly Glencliff NH	Carlene Dayton, R.N.	Continued Approval
• NH Technical College Claremont NH	Dianna Scherlin, R.N.	Continued

February 21, 2002

• Seacoast School of Technology Exeter Area High School Exeter NH	Linda Cutler, R.N.	Initial Approval
• Integrated Health Services Claremont NH	Susan Legasse, R.N.	Continued Approval
• Redirected Energy Belmont NH	Kathleen Lord, R.N.	Continued Approval

March 21, 2002

• Crotched Mountain Rehabilitation Center, Inc. Greenfield NH	Mary Francis Lawler, R.N.	Continued Approval
• Greenbriar Terrace Healthcare Nashua NH	Ann Charros, R.N.	Continued Approval

ENTRY LEVEL PROGRAM: Registered Nurse:

Program	Chair/Director	Action
November 15, 2001		
• NHCTC: Berlin-Laconia	John Colbath, M.S., A.R.N.P.	Full Approval
• Rivier-St. Joseph School of Nursing	Karen Baranowski, DNSc, Director Dept. of Nursing & Health Science Susan Buccholz, MS, RN, Chair, AS Program	Focused Report
December 20, 2001		
• Rivier-St. Joseph School of Nursing	Karen Baranowski, DNSc, Director Dept. of Nursing & Health Science Susan Bucholz, MS, RN, Chair, AS Program	Continued Full Approval with Interim Report Focused Visit Summer 2002.

Entry Level Programs: Practical Nurse

February 21, 2001		
• NHCTC: Claremont-Nashua Satellite Campus Crotched Mountain	Diane Scherlin, MS, RN	Accepted

RN Reentry Programs

March 21, 2001		
• NHCTC: Claremont-Nashua RN Structure Refresher Course RN Self-Directed Study	Diane Scherlin, MS, RN	Initial Approval
• NHTI: Concord RN Facilitated Independent Study RN Structured Refresher Course	Louise Smith, MA, RN	Initial Approval Revisions Approved

BOARD ACTIVITIES

- continued -

Updates and Happenings:

Newsletter Format:

Format changes to begin with the fall 2002 newsletter issue. One of the things you will notice is a narrative on the offense of a disciplinary action. It is the Board's opinion that such an explanation of an offense may assist others in their daily practice. For example, the offense would read: Mary Jones (fictional name) license #12345. On 4/15/01 the licensee received an order to start IV Heparin at 9cc./hour. Licensee set the mechanical pump to infuse at 900 cc./hour (real case in another state). In place of Mary Jones (fictional name) license #12345 status revocation citing statute number of violation.

Board actions and educational program approval, initial and continued, will be posted and linked on the Board's web page: <http://webster.state.nh.us/nursing/>

Breakfast with the Governor and Council:

On November 7, 2001, the New Hampshire Board of Nursing was honored to host a breakfast meeting with Governor Jeanne Shaheen and the five Executive Councilors. Board members, led by Stan Plodzick, presented an update of the nursing profession in New Hampshire, issues of licensure and the nursing shortage. The Governor and Council responded with questions and clarifications of their views of the nursing profession and how we all meet the needs of our citizens. It was an honor and privilege to have such an opportunity to dialogue with these very respected public servants.

Education and Practice Forum:

In Spring 2001 representatives from the nursing educational programs met to review the current Administrative Rules. These meetings continue and have expanded to include nurses from practice. Three meetings have been convened and participation continues to grow. The meetings provide a forum for discussion of shared concern between education and practice. A wide variety of topics have been discussed at these quarterly meetings: licensing and comparable education, reentry into practice and the licensing examination development and structure. A Task Force of the group has been working with Board staff to assess and evaluate options for reentry. The next meeting is scheduled for May 15, 2002.

Nursing Assistant Program Coordinators' Meeting:

On 10/31/01, the first meeting of the Program Coordinators was attended by 56 of the 63 approved program coordinators. As the Board room filled, it was immediately determined that the next meeting would need a larger space. The purpose of the meeting was to convey the proposed rule changes and to have the coordinators meet one another to discuss shared concerns and issues. The Board staff provided tours of the office and allowed the attendees to see the process of licensure, record keeping and to meet the staff.

The next meeting will be planned when the Administrative Rule changes are in place to convey the changes to the nursing assistant program educators. We are hopeful this will occur in late Spring.

FAQ

(Formerly called Questions to the Board)

Guidelines FAQ

Question: Is it appropriate for a licensed nurse to follow written guidelines when providing patient care?

Definition: Guidelines have been defined as "systematically developed statements that include recommendations, strategies or information to assist health care practitioners" make decisions about appropriate health care based on an established standard of care.

Content: Guidelines may include both independent nursing activities (e.g. obtain orthostatic blood pressure readings) and nursing activities requiring health care provider order and collaboration (e.g. administer sublingual nitroglycerin).

The development of guidelines directing nursing care should include the following content:

1. Title;
2. Definition or Purpose;
3. Specific population to whom the guideline applies;
4. Assessment data to be obtained;
5. Collaboration parameters when appropriate;
6. Interventions to be implemented;
7. Anticipated outcome;

Signature's of the health care provider who authorized implementation of a guideline should be noted. (Note that each facility should have a policy stating the timeframe or manner in which the authorization occurs).

Documentation: The nurse is responsible for documenting the implementation of the guideline and the nursing care provided under the guideline. Reference: Agency for Health Care Policy and Research (AHCPR).

Telehealth Nursing Practice FAQ

Question: Can I maintain my active in practice licensing requirement as a telehealth nurse?

Answer: The role of nursing is an integral component of Telehealth practice. Telehealth Nursing Practice is defined as nursing practice using the nursing process to provide care for individual patients or defined patient populations over the phone or other electronic communication media. It is an emerging practice area in which the modalities of interaction are expanding and for which national standards for safe and effective practice are being developed. Among the current areas of nursing practice in telehealth are: telephone triage, health information and education, disease management and interactive two-way video technology (i.e., home care).

Nursing practice occurs within this area when the nurse utilizes the knowledge skill, judgement and critical thinking that is inherent in nursing education.

Telephone triage is the safe, effective appropriate disposition of health-related problems by nurses by phone. Telephone triage may include symptom assessment, counseling, home treatment advice, referral, information brokering, disease management and crisis intervention. Nurses employ decision support tools (protocols or guidelines) and the nursing process (assess, diagnose, plan, treat and evaluate). The goal of telephone triage is appropriate patient referral to the appropriate level of care within an appropriate period of time.

BOARD ACTIVITIES

- continued -

Question: Are nurses required to have a NH license to provide nursing advice via telephone triage system to clients located in another state?

Answer: Nurses providing advice via telephone and physically present in New Hampshire must be licensed in the state of New Hampshire. Additional information that the nurse should provide to the patient is their name, licensure status and physical location.

Question: Can LPN's perform telephone triage?

Answer: Triage in a structured setting with predictable outcomes is within the scope of practice of an LPN. This practice requires appropriate delegation. Also refer to 305.01(c) and (d). (Fall 2000)

Question: What practice criteria should an institution have in place to perform telephone triage?

Answer: Recommended practice criteria include:

1. Institutional policy and procedure including appropriate role/job descriptions.
2. Written protocols or guidelines to guide telephone-nursing practice which are regularly reviewed and revised by appropriate stakeholders.
3. Performance monitoring, competency assessment and quality improvement activities.

BOARD NOTICES

• PUBLIC HEARING: Proposed Administrative Rules Revisions

A Public Hearing with the Board is scheduled **April 17, 2002 from 5 to 8 PM** at the Board office 78 Regional Drive Concord, NH. Information about the final Proposed Revisions is posted on the Board's web page: <http://www.state.nh.us/nursing/>

During the hearing the Board will accept verbal and written comments specific to the proposed Administrative Rules revisions. Written comments will also be accepted and must be received at the Board office **on or before April 29, 2002**. Written comments should be mailed directly to the Board office: 78 Regional Drive, Bldg B. PO Box 3898 Concord, NH 03302-3898.

Note: Directions to the Board office are printed on the back cover of this Newsletter and can also be accessed via the Board's web page and Voice Verification telephone service. Contact information for these services is located on the inside cover page of this newsletter.

• Licensing Fee Change: Licensed Nursing Assistant

Effective July 1, 2002, all Nursing Assistants will be required to pay the \$20.00 licensure fee at the time of application: initial, renewal, and reinstatement. There will no longer be an exemption for those Nursing Assistants employed in New Hampshire long term care facilities regulated by federal legislation.

• Licensees: Change of Name and/or Address

Effective July 1, 2002, per RSA-B:8-a, III, licensees who fail to notify the Board of change of address and/or name change will be fined \$10 and will not receive their license until such administrative fine is paid.

EDUCATIONAL UPDATES

NCLEX-RN AND NCLEX-PN PERCENT PASSING 1997 - 2001 FIRST TIME CANDIDATES

BOARD APPROVED EDUCATIONAL PROGRAMS

GRADUATING CLASS OF:	1997	1998	1999	2000	***2001	*G	T	P
ASSOCIATE DEGREE:								
NH COMMUNITY TECHNICAL COLLEGE:BERLIN-LACONIA	72.00%	85.70%	80.00%	81.81%	82.40%	20	17	14
NH COMMUNITY TECHNICAL COLLEGE:CLAREMONT-NASHUA	84.00%	72.70%	84.21%	91.66%	88.20%	23	17	15
NH COMMUNITY TECHNICAL COLLEGE:MANCHESTER	100%	83.30%	91.90%	97.72%	89.60%	50	48	43
NH TECHNICAL COMMUNITY COLLEGE:STRATHAM	90.90%	100%	CLOSED/MERGED					
NH TECHNICAL INSTITUTE:CONCORD	92.70%	92.50%	95.10%	88.70%	97.70%	46	45	44
RIVIER COLLEGE-ST. JOSEPH SCHOOL OF NURSING	85.50%	83.60%	87.95%	86.20%	82.00%	90	72	59
BACCALAUREATE DEGREE:								
COLBY-SAWYER COLLEGE	62.50%	46.20%	78.60%	69.20%	100.00%	10	10	10
SAINT ANSELM COLLEGE	82.30%	81.50%	87.09%	91.10%	87.50%	42	40	35
UNIVERSITY OF NEW HAMPSHIRE	82.00%	85.30%	92.59%	81.39%	86.40%	46	44	38
NCLEX-RN NH % PASSING								
NCLEX-RN NATIONAL % PASSING	87.79%	83.17%	84.72%	83.84%	85.53%			
PRACTICAL NURSING:								
NH COMMUNITY TECHNICAL COLLEGE:CLAREMONT-NASHUA	85.70%	88.00%	82.60%	89.47%	90.90%	25	22	20
SAINT JOSEPH HOSPITAL SCHOOL OF PRACTICAL NURSING	92.20%	87.50%	95.30%	72.20%	90.00%	41	40	36
NCLEX-PN NH % PASSING								
NCLEX-PN NATIONAL AVERAGE	87.79%	87.32%	86.74%	85.10%	86.46%			
NCLEX-PN NH % PASSING								
NCLEX-PN NATIONAL % PASSING	87.79%	83.17%	84.72%	83.84%	86.46%			

*** Percent passing calculated on the number tested

*SOURCE: 2000 ANNUAL PROGRAM REPORT

NOTE: The number of candidates may vary from the number of reported graduates due to errors in recording school codes. **G=Graduated; T= Tested; P= Passed**

PRACTICE NEWS

- continued -

Licenses Reported Lost, Stolen or Never Received and Duplicate Licenses Issued (R.N., L.P.N., A.R.N.P., L.N.A.) for the period of 10/01/01 - 3/31/02

Registered Nurses:

Blake, Barbara	019473-21
Chapman, Cynthia	018380-21
Christiano, Ann	023844-21
Clarke, Ruth	040304-21
Cote, Kimberly	036148-21
Desrosiers, Tammy	045112-21
Duncan, Kathleen	040569-21
Dupee, Pamela	027802-21
Flint, Diane	049481-21
Franey, Diane	045528-21
Fritz, Donna	044972-21
Gadomski, Jacqueline	044439-21
Gallant, Joey	048842-21
Garand, Cheryl	038566-21
Gautreaux, Jeannine	046464-21
Gauvin, Patricia	030830-21
Gaynor, Maureen	049181-21
Gorrell, Holli	048725-21
Hodgman, Stella	042493-21
Honsinger, Melodie	046592-21
Johnston, Maureen	015175-21
Joslin, Charles III	037466-21
Jussif, Michele	022221-21
Kelly, Lorraine	024736-21
Kingman, Harold Jr	035267-21
Lafond, Jennifer	037416-21
Langlois, Anne	049214-21
Laroche, Claudette	018466-21
Maher, Audrey	047575-21
Marchand, Jennifer	045312-21
Mcdonough, Phaedra	032006-21
Memoracion, Allan	049617-21
Nagy, Mary	019701-21
Naiva, Denise	017276-21
Odell, Rita	016890-21
O'Hara, Lydia	043466-21
Pallatroni, Justine	040285-21
Pierce Hale, Phyllis	035729-21
Rafter, Christine	040566-21
Rancourt Bonner, Noella	045050-21
Rehberg, Michele Francis	038744-21
Rutherford, Colleen	021371-21
Sabin, Donna	024379-21
Sedgley, Dianne	039987-21
Sharrio, Deborah	035404-21
Smith, Patricia	048291-21
Snyder, Ann	030072-21

Snyder, Madlyn	007972-21
St. Laurent, William	039742-21
Stys, Susan	022837-21
Tefft, Brian	041788-21
Wallace, Virginia	032617-21
Wilbert, Brenda	047056-21

Licensed Practical Nurses:

Berardi, Julianna	011755-22
Brown, Cynthia	007997-22
Cote, Sylvia	003258-22
Crawford, Anna	010917-22
Duff, Tricia	009505-22
Edson, Kelly	012128-22
Lepage, Sheila	012221-22

Advanced Registered Nurse Practitioners:

Bacon, Mary	038972-23
Christiano, Ann	023844-23
Gaynor, Maureen	049181-23
Gorrell, Holli	048725-23
Lafond, Jennifer	037416-23
Naiva, Denise	017276-23
Pallatroni, Justine	040285-23
Sedgley, Dianne	039987-23
Wilbert, Brenda	047056-23

Licensed Nursing Assistants:

Allard, Rebecca	001197-24
Auclair, Angel	019380-24
Bacon, Melissa	000766-24
Bamidele, Adekunle	020850-24
Bell, Sabrina	014868-24
Bisson, Cynthia	004017-24
Bosquet, Guiberthe	019066-24
Brown, Lois	002564-24
Bunten, Sarah	016265-24
Chamberlain, Joyce	016809-24
Clemm, Judy	003617-24
Coolidge, Elizabeth	018346-24
Cross, Daisy	001693-24
Delisle, Heide	018190-24
Diaz, Selena	022818-24
Dinkins, Jeannett	023447-24
Dipiero, Theresa	007785-24
Ducharme, Desiree	020394-24
Dutile, Linda	015781-24
Edward, Mitchell	020805-24
Fleury, Carol	023085-24
Folsom, Nancy	011686-24
Franklin, Hope	023134-24
Gerry, Michelle	010746-24
Gordon, Dionne	021039-24
Gray, Alicia	021322-24

Hall, Marion	019362-24
Harris, Jamie	018236-24
Haynes, Pauline	010159-24
Higgins, Amy	023886-24
Hullinger, Jamie	020457-24
Lacourse, Pamela	021101-24
Lafond, Carol	008494-24
Lagrenade, Rita	001059-24
Lahaye, Melissa	021962-24
LaHaye, Melissa	021962-24
Leblanc, Crystal	021736-24
Lizotte, Charlene	003087-24
Mafika, Thomas	019237-24
Manning, Wendy	000925-24
Mccormack, Nancy	016925-24
McKenzie, Tina	023081-24
Miner, Kathleen	013116-24
Moffett, Jane	021787-24
Moodie, Deborah	001423-24
Moore, Beth	019893-24
Nameche, Charlene	018425-24
Nedean, Jerilynn	022232-24
Nganga, James	022951-24
O'connell, Joan	001862-24
Ostertag, Content	007491-24
Page, Beverly	017671-24
Pelletier, Dawn	023625-24
Perez, Maria	013891-24
Perry, Donna	002310-24
Pilipchuk, Lyubomira	015109-24
Queen, Jasmin	016470-24
Quimby, Cheryl	019949-24
Reid, Denese	019928-24
Rock, Noella	002248-24
Schofield, Thomas	023182-24
Spence, Shannon	022771-24
St Laurent, Cathy	008423-24
Tomer, Michelle	020013-24
Watson, Allison	018958-24
Wiseman, Heidi	022995-24

The following licenses continue to be INVALID due to insufficient funds; the licensee was notified of the returned check.

Registered Nurse:

Alan R. Dick	044217-21
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Licensed Practical Nurse:

Berardi, Julianna	011755-22
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Licensed Nursing Assistant

Sammaccicia-Aghilar, Milisa	023084-24
Smith, Amanda	N/A

Disciplinary Action:

Pursuant to RSA 326-B:12 V: Every individual, agency, facility, institution or organization that employs nurses within the state **shall report** to the Board **within 30 days** any alleged violations of the Nurse Practice Act (RSA 326-B:12, RSA 326-B:15 and Nur 215.01). **(Bold Added)**. Violations specific to the Board actions reported below are cited in RSA 326-B:12 II, Nur 215.01 (b) and Nur 215.01 (d) (1) (2).

RSA 326-B:12 Disciplinary Action

II. Misconduct sufficient to support disciplinary proceedings under this section shall include:

- (a) The practice of fraud or deceit in procuring or attempting to procure a license to practice nursing;
- (b) Conviction of a felony or any offense involving moral turpitude;
- (c) Dishonest or unprofessional conduct including but not limited to intentionally harming, abusing or exploiting a patient, defrauding or harming the public in matters related to the practice of nursing, willfully failing to maintain accurate and complete nursing records, acts of omission or commission when practicing nursing as set forth in rules adopted by the Board pursuant to RSA 541-A, and violating disciplinary orders or settlement agreements approved by the Board; [Amended 1991, 361:1, eff. July 1, 1991].
- (d) Gross or repeated negligence when practicing nursing activities ancillary to the practice of nursing, or any particular aspect or specialty thereof, or an established behavior pattern which is incompatible with the basic knowledge and competence expected of persons licensed to practice nursing or any particular aspect or specialty thereof; [Amended 1991, 361:1, eff. July 1, 1991].
- (e) Addiction to or abuse of alcohol or other habit-forming drugs or substances which render the licensee unfit to practice nursing; [Amended 1991, 361:1, eff. July 1, 1991].
- (f) Willful or repeated violations of any provision of this chapter; any substantive rule adopted by the Board pursuant to RSA 541-A, or any other state or federal statute or substantive rule applicable to the practice of nursing. [Amended 1991, eff. July 1, 1991].

In addition to RSA 326-B:12, the following shall also be considered acts of misconduct or dishonesty for persons licensed under RSA 326-B.

Nur 215.01(b)

- (1) Accepting a nursing or nursing-related assignment when the licensee knows or has reason to know he or she is unqualified to perform the assignments;
- (2) Leaving an assignment without notifying the appropriate authority, whereby such departure endangers the health, safety and welfare of those individuals entrusted to the licensee's care;
- (3) Violating care recipients' rights, confidentiality, privacy, or records;
- (4) Practicing in a manner that discriminates on the basis of age, race, sex, handicap, national origin, sexual orientation, nature of illness or health status, physical or mental infirmity;
- (5) Misappropriating human or material resources;
- (6) Physical, mental and/or verbal abuse, battery, exploitation, harassment, or neglect of individuals;
- (7) Receiving, or agreeing to receive, fees or other considerations for influencing the care, activities or records of individuals;

- (8) Failure to maintain standards of practice or education pursuant to RSA 326-B:2, XIX;
- (9) Claiming as their own another's license pocket-card, or allowing others to use a license card not their own;
- (10) Administering therapeutic agents, treatments or activities, or recording of same, in an inaccurate or negligent manner;
- (11) Failure to record or report patient care data, or falsifying or altering records;
- (12) Failure to take appropriate action to safeguard individuals from incompetent health-care, nursing practices, nursing-providers, ancillary personnel or others involved with care-recipients;
- (13) Performing nursing activities or interventions, or providing nursing-related activities beyond the authorized scope of practice;
- (14) Practicing without a current license, or altering a license pocket-card by changing dates, numbers, or any information appearing on a license pocket-card;
- (15) Falsifying any information requested by the Board.

Nur 215.01(d)

- (1) Delegating activities to individuals when the licensee knows or has reason to know that the individual(s) is not qualified to perform the delegated activity; and
- (2) Failure of licensee to supervise individuals or groups required to practice nursing or provide nursing-related activities under supervision.

Related Definitions:

Probation: is the imposition of conditions or restrictions on the authority to practice nursing or nursing-related activities.

Revocation: means the termination of the authority to practice nursing or provide nursing-related activities following disciplinary action (Nur 101.48). New see Annulment of Reprimand on the bottom of this page and continuing on page 9.

Suspension with Stay: means the arresting of a suspension order to allow a licensee to practice nursing or provide nursing-related activities under specific stipulations (Nur 101.51).

Suspension: means the withholding of the authority to practice nursing or provide nursing-related activities for a specified period of time following disciplinary action (Nur 101.53).

Reinstatement: means the the reactivation of a license to practice nursing or provide nursing-related activities for a specified period of time following disciplinary action (Nur 101.53).

Reprimand: means a disciplinary action taken against a license, noted on the individual record, that does not affect the individuals ability to practice nursing or provide nursing-related activities.

Voluntary Surrender: a license may be surrendered at any time; however, the surrender does not preclude any Board investigation or action (Nur 216.01 (a) (b). When surrendered the licensee no longer has the rights or privileges associated with the license and cannot practice nursing or provide nursing-related activities.

Annulment of Reprimand

If a licensee has received a reprimand for misconduct Nur 217.01 provides a process for requesting an annulment. The rule also provides that the Board cannot take any action on a petition for annulment of a reprimand if the reprimand was based on abuse, theft or criminal activity. If a reprimand is annulled it is as though no discipline has occurred. However, the Board must provide information regarding the reprimand and annulment to New Hampshire law enforcement and to other states agencies investi-

PRACTICE NEWS

- continued -

gating the licensee's nursing practice or in the case of nursing assistants, nursing related activities. Essentially the licensee "petitions" the Board. As in all petitions an annulment can be requested by writing a letter to the Board. See Nur 217.01 (b) for the specific requirements for the content of the petition.

In addition to those requirements there are several points that should be carefully considered before a licensee requests annulment since Nur 217.17 (d) provides that if the petition is denied by the Board the licensee cannot request annulment again for at least 3 years. First the rule provides that an annulment can be requested "Following a period of absence from misconduct". In determining how long one should wait before petitioning the Board a licensee should consider whether the time period has allowed the accumulation of sufficient data to persuade the Board that the "period of absence from misconduct" has been long enough to indicate a pattern of consistently good performance. In most cases the time period that would be reasonably adequate is at least six months although the longer the period of good

conduct the more persuasive is the licensee's assertion that the reprimand should be annulled.

Additionally it is very important to ensure that one will be able to secure positive written documentation to support the petition. Persuasive documentation would include an evaluation from all employees since the reprimand was issued and at least two other references from other professionals or colleagues generally addressing the subject matter that was the basis for the reprimand.

Note: Listed below is the finalized disciplinary actions. Please carefully review the names and license numbers. The type of license is identified by the license a specific code:

- A license that ends in 21 is an R.N.
- A license that ends in 22 is an L.P.N.
- A license that ends in 24 is an L.N.A. and
- A license that ends in 23 is an A.R.N.P. The added extension to the 23, indicates the A.R.N.P. category.

Disciplinary Action

October 01, 2001 - March 31, 2002

R.N., L.P.N., A.R.N.P., L.N.A.

NAME	LICENSE #	ACTION	Date / Length Action	Violation/Statute (RSA) & Administrative Rule NUR) Reference	City/State of Last Employer
Bartis, Samantha	046286-21	Reinstated with stipulations	8/18/01 2 yrs.		Nashua, NH
Felton, Jennifer	011849-22	Reprimand Annuled	9/20/01		
Jennison, Cheryl	005421-22	Reprimand Annuled	9/20/01		
Lefebvre, Linda	022654-21	Suspended	9/20/01 6 mo.	RSA 326-B:12 II (c) Nur 215.01 (b)(3), (b)(6) (b)(8)	Newberry, MI
Cipriano, Mary	010894-22	Reprimand WWL	10/11/01	RSA 326-B:12 II (c) Nur 215.01 (b)(14)	Laconia, NH
Jacques, Carole	034090-21	Suspended	11/09/01 2 yrs.	Pursuant to June 98 Agreement	Laconia, NH
Feltus, Mary	019231-21	Reinstated	11/15/01	Practice Privileges reinstated/uncumbered licence	
Peck, Wendy	034880-21	Reinstated w/stipulations	11/15/01 2 yrs.		
Brodien, Lorie	029613-21	Suspended	11/15/01 1 yr.	RSA 326-B:12 II (e) Nur 215.01 (b)(5)	St. Johnsbury, Vt
Smith, Maureen	017515-21	Suspended	11/15/01 1 yr.	RSA 326-B:12 II (c) Nur 215.01 (b)(3), (b)(6), (b)(8)	Keene, NH
McKillop, Mary	023532-21	Reprimand WWL	12/11/01	RSA 326-B:12 II (c) Nur 215.01 (b)(14)	Manchester, NH
Harris, Joan	022566-21	Reprimand	12/20/01	RSA 326-B:12 II (c) Nur 215.01 (b)(5)	Woodsville, Vt
Hill, Rosemary	048675-21	Reprimand w/stipulations	12/20/01	RSA 326-B:12 II (c) Nur 215.01 (b)(8), (b)(11)	Littleton, NH
Maloney, Michelle	026384-21	Suspended	12/20/01 6 mo.	RSA 326-B:12 II (e) Nur 215.01 (b)(5)	Portsmouth, NH
Smith Greene, Leslie	031426-21	Suspended	12/20/01 1 yr.	RSA 326-B:12 II (e) Nur 215.01 (b)(5)	Portsmouth, NH

PRACTICE NEWS

- continued -

Disciplinary Action: Continued

October 01, 2001 - March 31, 2002

R.N., L.P.N., A.R.N.P., L.N.A.

NAME	LICENSE #	ACTION	Date / Length Action		Violation/Statute (RSA) & Administrative Rule NUR) Reference	City/State of Last Employer
Pierce, Susan	027494-21	Voluntary Surrender	12/20/01			N Haverhill, NH
Signorine, Louis	047894-21	Voluntary Surrender	12/20/01			Laconia, NH
Richardson, Karenn R.	037561-21	Probation w/stipulations	1/17/02	1 yr	RSA 326-B:12 II (c) and (e)	Lebanon, NH
Hawkins, Robert	038120-21	Reprimand	1/17/02		RSA 326-B:12 II (c) Nur 215.01 (b)(8), (b)(10)	Manchester, NH
Lotterhand, John	031521-21	Suspended	1/17/02	6 mo.	RSA 326-B:12 II (e) Nur 215.01 (b)(5)	Hampstead, NH
Rossignol, Monique	040313-21 040313-23-05	Reprimand WWL	2/11/02		RSA 326-B:12 II (c) Nur 215.01 (b)(14)	Claremont, NH
McDonough, Edith	042716-21	Suspended	2/21/02	6 mo.	RSA 326-B:12 II (e) Nur 215.01 (b)(5)	Portsmouth, NH
Romanos, Bonnie	004856-22	Removal of all stipulations	2/21/02			
Smith, Maureen	017515-21	Revocation	3/6/02		Pursuant to November 20, 2001 Board Order	
Roberts, Donna	021421-24	Suspended	10/10/01	1 yr.	Pursuant to 5/21/01 Bd. Order #2. K.	Manchester, NH
Carnese, Connie	005868-24	Suspended - After probation 1 year w/stipulations	10/18/01	6 mo.	RSA 326-B:12 II (c) Nur 215.01 (b)(3), (b)(6), (b)(8)	Lebanon, NH
Kilpatrick, Peggy	023430-24	Stipulations	10/18/01	1 yr.		Derry, NH
Boutot, Lori	022344-24	Suspended	11/15/01	6 mo.	RSA 326-B:12 II (c) Nur 215.01(b)(2), (3), (6), (8) and RSA 326-B:13 VIII Nur 215.01 (b)(15)	Derry, NH
Lemire, Patsy Ann	008603-24	Voluntary Surrender	12/20/01			Boscawen, NH
Emerson, Rebekah	015802-24	Reprimand WWL	1/7/02		RSA 326-B:12 II (c) Nur 215.01 (b)(14)	Manchester, NH
Lafond, Carol	008494-24	Suspended	1/17/02	6 Mo.	RSA 326-B:12 II (e)	Manchester, NH
Moore, Florence	021663-24	Reprimand Annulled	1/17/02			
Pond, Doris	001561-24	Voluntary Surrender	1/17/02			Manchester, NH
Gauron, Roberta	014045-24	Reprimand WWL	1/30/02		RSA 326-B:12 II (c) Nur 215.01 (b)(14)	North Hampton, NH
Chase, Bonnie	005044-24	Stipulations removed	2/21/02			

Abbreviations: **WWL** = 2nd Offense = Working without a license **Indef.**= Indefinitely.

NOTES FROM THE EXECUTIVE DIRECTOR . . . Cynthia Gray, M.B.A., B.S.(n), R.N.

The Last Person I Would Have Suspected

Ten per cent of the population of the United States is believed to have a problem with drug and alcohol abuse. Six per cent of that number will have a problem "serious enough to interfere with their job performance". (Taylor 1998). These parallel the number of nurses and nursing personnel who will also be afflicted with substance abuse.

Whenever this office is notified of someone with suspected abuse, many times the overlying theme is "This is the last person I would have suspected" or "I never believed this could happen to me." We all know that drug and alcohol abuse is insidious and tends to escalate over time. Unfortunately this can progress until the person's personal and professional lives are no longer controllable. No one is immune from the disease, either directly or indirectly. The choice of addictive agents is varied. For some, the gateway of drugs of abuse is alcohol, marijuana and cocaine but, for others, simply the work setting will define the particular drug(s) of abuse. For example some will indulge in Demerol, morphine and Schedule III (Tylenol #3, Hycodan, Vicodin) if the clinical circumstances make obtaining and maintaining easy. Fentanyl and other operative medications are generally available on surgical or obstetrical units. No practice setting, including home care, is immune from the possibility.

So who are some of these people who we would never expect to fall into such a disease process? They frequently are:

- Individuals who constantly put the needs of others before their own; who self-neglect;
- Bright, skilled professionals in roles that require commitment and high achievement;
- Those with psychological or physical pain believing that pharmacological intervention will "make them feel better;"
- Those with a caretaker personality;
- Individuals who place themselves in areas of easy access to drugs;
- Controlling and inflexible personalities; perfectionists;
- Good to excellent nurse; respected by colleagues;
- People with family and/or personal history of substance abuse.

Drug use behaviors generally manifest in one of two ways: Undiverted or Diverted.

Undiverted drug use does not involve stealing drugs from a person or institution directly but will circumvent by:

- Obtaining multiple prescriptions from their personal, staff, Emergency Room physicians;
- Taking (offered) medications from patients and/or vendors;
- Forging prescriptions;
- Obtaining and using drugs in seemingly normal daily activity.

Diverted drug use:

- Stealing from patients' or unit's supply;
- Self administration of leftover narcotics;
- Substituting saline or other clear fluid, in whole or in part, for medications belonging to patients;
- Stealing entire boxes of medications;
- Using tubexes where there will be more wastage;
- Appear to medicate their patients more than others do;
- Sign out for patients who have been discharged, transferred or deceased;
- Sign out for patients who have been off narcotics for a day or two or more;
- Appear to have more difficulty explaining medication counts that are in discrepancy than other nursing personnel;
- Sloppy in wasting controlled medications and obtaining countersignatures.

It is important that we, as professionals, do not enable the substance abuser by overlooking or deliberately ignoring the issue. The definition of an enabler is one who engages in behavior patterns that facilitate the continued use of alcohol/drugs, and hence the progression of chemical dependency in another. Some of the "excuses" for non-involvement include:

- "It's not my problem";
- Personal friendship;
- Does not want to embarrass or humiliate;
- Fear the person will lose their job or license;
- Fear of colleagues' reaction;
- False assurance that the person is knowledgeable and the disease will not accelerate.

All of these are poor reasons not to encourage professional confrontation and rehabilitation.

On the next page of the Newsletter, and on the web site www.state.nh.us/nursing, you can find the **Checklist For Substance Abuse** and impairment signs at work. I urge you to take note of this.

If you are ever in a position to suspect a fellow worker, you can use this checklist as a guide. If your concerns appear to be substantiated or, even if there is enough suspicion, I suggest you contact your supervisor and/or Human Resources Department. Confronting the suspected person is not always successful unless you have an excellent rapport. The drug abuser's defensive and suspicious behaviors generally do not lend themselves to easy intervention, so the interventions should be done by the experts at your facility. However, remember that valid suspicions need to be investigated before a patient is injured from an impaired nurse or nursing assistant.

Next spring the New Hampshire Board of Nursing anticipates initiating confidential means to report a nurse or nursing assistant suffering from substance abuse. It is our hope that this will voluntarily move afflicted individuals into a rehabilitation process. This will be treated as a no-discipline process unless theft of drugs has occurred which is a criminal activity. Until such a program is in place, disciplinary action will continue, generally in the form of a period of license suspension followed by probation with conditions and restrictions. The two main goals of both the current process and the anticipated confidential/no-discipline process are the same: public safety and rehabilitation and welfare of the individual.

One of the concerns of the New Hampshire Board is the lack of reporting by employers in some geographical areas of the state. Employers in other areas appear to understand the gravity of the situation and readily report and collaborate with this office regarding possible drug abuse. The Board questions if there is a lack of understanding in dealing with these cases or simply an attitude of "moving them along" i.e. forcing termination and not reporting incidents to the next employer. This benefits no one, least of all the patient and certainly not the employee. We encourage proactive, constructive, planned interventions when you suspect someone. This is a treatable condition and encouragement, not judgement or ignorance, should be the overriding theme in hopes of returning this troubled person to function at her/his full capacity once again. For further information and literature you may consult:

Catanzarite, A., Identifying the Troubled Nurse Checklist, 1998
National Council States Board of Nursing publication
Chemical Dependency Handbook for Nurse Managers, 1997

Penuch, S. "Signs" Nursing Management, May 2000 pp33-37
Taylor, B. and Roberts, M.: "Sobering Effect" Nursing Times 94(16):30-31, 1998.

CHECKLIST FOR SUBSTANCE ABUSE

Suspected Chemical Abuse Checklist Identifying Unsatisfactory Performance

Place a check mark next to each situation that pertains to the fellow employee about whom you are concerned.

Physical signs

- ☐ Decreasing attention to personal hygiene and appearance
- ☐ Odor of alcohol on breath; excessive use of breath mints and/or mouthwash
- ☐ Glassy, watery, red eyes
- ☐ Tremors
- ☐ Anxiety, periods of "spaciness"
- ☐ Premature aging
- ☐ Blackouts or feeling faint
- ☐ Slurred speech
- ☐ Hangovers
- ☐ Diaphoresis
- ☐ Nausea, vomiting, diarrhea
- ☐ Unusual, unexplained weight loss or gain
- ☐ Reduced eye contact
- ☐ Staggering gait
- ☐ Excessive bruising on arms, ankles and hands

Absenteeism

- ☐ Lateness at work; esp. on Mondays and/or returning from lunch
- ☐ Instances of leaving without permission
- ☐ Frequent unscheduled short term absences (with or without medical explanation)
- ☐ Excessive sick days
- ☐ Frequent Monday and/or Friday absences
- ☐ Repeated absences, frequently follow a pattern
- ☐ Peculiar and increasingly unbelievable excuses for absences or lateness
- ☐ Leaving work early

"On the Job Absenteeism"

- ☐ Continued absences from post more than job requires; prolonged coffee and lunch breaks
- ☐ Repeated undealt-with physical illness and minor injuries on the job
- ☐ Frequent trips to bathroom

Injury/Illness Rate

- ☐ Absent more often than other employees
- ☐ Frequent minor illnesses with vague somatic complaints such as flu, virus, backache, headache, toothache, GI upsets
- ☐ Frequent injuries which require medications
- ☐ Fatigue
- ☐ Excessive use of insurance coverage

Confusion

- ☐ Difficulty following instructions
- ☐ Increasing difficulty handling complex assignments

Problems with Memory

- ☐ Difficulty in recalling instructions, details conversations, etc.
- ☐ Difficulty recalling one's own mistakes

General Lowered Job Efficiency

- ☐ Cannot be depended on to be where they say they will or what they say they will do
- ☐ Missed deadlines, unreliable
- ☐ Complaints from patients, family, co-workers
- ☐ Improbable excuses for poor job performance
- ☐ Shuns job assignments; incomplete assignments
- ☐ Inattention to Standards of Care

Uneven Work Pattern

- ☐ Alternate periods of high and low productivity

Poor Co-Worker Relationships

- ☐ Failure to keep promises and unreasonable excuses for failing to keep promises
- ☐ Over-reaction to real or imagined criticism
- ☐ Suspiciousness
- ☐ Defensiveness; blames others for problems
- ☐ Borrowing money from co-workers, others
- ☐ Unreasonable resentments
- ☐ Avoidance of associates
- ☐ Lying and exaggerating

Difficulty in Concentration

- ☐ Work requires greater effort
- ☐ Jobs take more time
- ☐ Repeated mistakes due to inattention
- ☐ Making bad decisions or poor judgment
- ☐ Errors in charting
- ☐ Forgetfulness
- ☐ Disorganized

Other Behaviors

- ☐ Sleeping on the job
- ☐ Mood swings
- ☐ Increased irritability
- ☐ Withdraws from others, isolates self
- ☐ Relates problems at home, with relationships, with finances
- ☐ May carry a large purse or bag which is kept in view or locked

Specific to Drug Diversion

- ☐ Always volunteers to give medications
- ☐ Patient complaints of no relief
- ☐ Discrepancies on records
- ☐ Always gives IM (PRN) and maximum doses when other nurses don't
- ☐ Has frequent wastage, such as spilling drugs or breaking vials, etc.
- ☐ Unobserved wastage-no co-signature
- ☐ Is working on a unit where drugs are missing or have been tampered with
- ☐ Frequently volunteers for additional shifts on a unit where not assigned
- ☐ Prefer areas of high volume where there is high volume of commonly abused drugs
- ☐ Prefers caring for patients with decreased levels of awareness

Licensed Nursing Assistants in

New Hampshire

A Discussion

with the

New Hampshire Board

of Nursing

at

The Center

of

New Hampshire

Conference Center

Manchester, N.H.

April 29, 2002

8:30 a.m. to 3:00 p.m.

DIRECTIONS

From Boston, Ma

Take Rt 93N to Rt 293N left hand exit (off Rt 93). After Brown Ave. exit, stay to right as 293N bears right. Stay on 293N to 2nd exit (exit #5/Granite St). Turn right off ramp, go through 2 sets of lights. Hotel garage is on the left

From Maine, Portsmouth NH

Take RT 95S to RT 101W to Rt 93S to Rt 293N. Follow directions from above.

From Vermont

Take Rt 89S to 93S to Rt 293S, exit #6, Amoskeag Bridge. Take a left at the stop sign. At the traffic lights, turn left on W.Bridge St. Take a right at the next light onto Elm St. Hotel Garage is 5 lights down on the right.

PROGRAM

8:30-9 a.m.

REGISTRATION

9- 9:10 a.m.

WELCOME

Stanley Plodzick, Jr., RN, BS, M.Ed.,
Chair: Board of Nursing

9:10-9:30 a.m.

Direct Care Workforce

Richard Chevretil, Asst. Commissioner
NH Health & Human Services

9:30-10:00 a.m.

Workforce Issues

Rebecca Hutchinson, Paraprofessional
Healthcare Initiative-NH Community
Loan Fund

10:00-10:15 a.m.

BREAK

10:15-11:15 a.m.

Workplace Culture & Retention

Sue Misorski BSN, RN

11:15-12:15 p.m.

LNA in Leadership role

Deb Rodier RN, DNS,
Mary Ellen Dunham, RN, MHA
and staff from Mark Wentworth
Home

12:15-1:15 p.m.

LUNCHEON

1:15- 2:00 p.m.

Rebecca Rule, Humorist

2:00-3:00 p.m.

Changes in the Nurse Practice Act

- Medication Nursing Assistants
- Delegation Rule

Cynthia Gray, Executive Director and Margaret Walker, Program Specialist will discuss the proposed changes in the rules that govern nursing assistant licensure.

Board of Nursing Members Panel

What do you do when you arrive on duty to a "short staffing" issue?

How do you define "abandonment"? How can we recruit more nursing assistants into the profession?

What are the day to day problems occurring in nursing assistant practice?

Certificates of attendance will be distributed.

Contact Hours:5.0

Discussions regarding

Practice

in

New Hampshire

During this year's LNA Discussion several speakers will share their perspectives regarding health-care issues and how these issues influence nursing practice and education.

This program offers information for all persons providing nursing related activities and nursing assistant supervision and education.

This is a very timely offering with regards to the proposed revision of the Nurse Practice Act and lively discussion will be encouraged.

The Board proudly introduces the newest LNA Board Members, Linda Morel and Brenda Howard. Linda and Brenda were appointed by the Governor and Council directly after HB 408 (The Nurse Practice Act) was signed into law July 2001.

This is the same HB that changed the name of the nursing assistant from Certified Nursing Assistant (CNA) to Licensed Nursing Assistant (LNA) and changed the definition for delegation for licensed nurses and nursing assistants.

Further, this legislation has given the NH Board of Nursing the authority to make the necessary proposed rule changes.

Many areas of the workplace environment have been under discussion this past year.

The speakers will inform the participants about the discussions and accomplishments that have occurred and what is anticipated in the future. We are hopeful this will be an annual event for nursing assistants practicing in New Hampshire.

Register Early

This program is designed to provide nursing assistants and nursing assistant educators/supervisors with current NH Board of Nursing information. Registration Form located on inside of back cover.

Nursing Odyssey 2002 and Beyond

*A Day of Discussion
with the
New Hampshire Board of Nursing*
at
The Grappone Capital Conference Center
June 5, 2002
8:30 a.m. to 4:00 p.m.

Nursing Realities in 2001 **Discussions regarding Practice** **in New Hampshire**

During this year's Day of Discussion Timothy Porter O'Grady, a well known speaker on the future of nursing and health care, has focused his practice on systems innovation and creativity as applied to the design and delivery of health services. He works to lead health care systems to more effectively create their own futures. Tim challenges all leaders to develop new ways of thinking, knowing and doing. In this, he hopes, we will renew our commitment to creating a truly health society.

This will be a timely educational offering and assist nurses and nursing assistants to view their practice in light of the changes in work environments and patient needs. We should all sit back and envision nursing through the eyes of this futuristic speaker.

Carol O'Flaherty, Humorist will give us her slant on the nature of our lives and how we can 'lighten up'.

The Board members will complete the conference with a panel discussion of current nurse practice rules and regulations. Questions regarding these changes are encouraged.

PROGRAM

- 8:30-9 a.m. **REGISTRATION**
- 9- 9:15 a.m. **WELCOME**
Stanley Plodzik, Jr., RN, BS, M.Ed.,
Chair: Board of Nursing
- 9:15-10:15 a.m. **Current issues regarding health futures with expected changes in the nursing profession.**
Timothy Porter O'Grady
- 10:15-10:30 a.m. **BREAK**
- 10:30-11:30 a.m. **Roles and practice challenges for nursing in the future.**
Timothy Porter O'Grady
- 11:30-12:15 p.m. Carol O'Flaherty, Humorist
- 12:15- 1:15 p.m. **LUNCHEON BUFFET**
- 1:15- 2:45 p.m. **A Glimpse over the Horizon
What's next for our professionals?**
Timothy Porter O'Grady
- 2:45-3:00 p.m. **BREAK**
- 3:00-4:00 p.m. **Board Panel**
The Board members will cover the changes in the Nurse Practice Act with discussion as well as Q&A. Please bring your questions and comments.
- 4:00 p.m. **Adjournment**

Certificates of attendance will be distributed.
Contact Hours: 6.0

Directions: From 93 take Exit 15

Take first right on Commercial Street and follow the signs to the facility. Park in the back lot for the conference center.

PRESENTERS

Dr. Timothy Porter O'Grady has been involved in health care for 33 years. He has served in many positions from staff nurse to both hospital and health service executive. He is currently senior partner of an international health care consulting firm specializing in organizational innovation, conflict and change, as well as health service transformation issues. He also serves on the graduate faculty of Emory University in Atlanta.

Dr Porter O'Grady holds graduate degrees in nursing and business, a doctorate in learning behavior and a second doctorate in health systems. He has done post-doctoral work in aging and is a certified clinical specialist in gerontology. He is also certified by the Supreme Court's Office of Dispute Resolution as a registered mediator and arbitrator.

Tim has written over 140 articles and book chapters and has published 12 books and is completing his 13th. He has consulted with over 650 institutions and has spoken in 1700 settings in the U.S., Canada, Europe, and Asia and logs about 300,000 miles a year.

Dr. Porter O'Grady is listed in 7 different categories of Who's Who in America, serves on 7 journal editorial boards and is a member of the NY Academy of Sciences and a Fellow in the American Academy of Nursing.

Tim has served on a number of community and national boards and has been an elected officer in a variety of health related agencies and organizations. He has been a health systems expert for the President's National Health Policy Council and has served on the governing board of Catholic Health East as the Board vice chair.

Carol O'Flaherty Humorist has presented in NH at the LNA Day on the State House grounds in 2001.

She is well known in New England and her special brand of humor will keep you laughing for months after the conference.

REGISTER EARLY

This program is designed for all ARNP, RN, LPN & LNA licensees. Registration form located on inside of back cover.

**Licensed Nursing Assistants
in New Hampshire
A Discussion with the
New Hampshire Board of Nursing**

April 29, 2002

REGISTRATION
PLEASE PRINT

NAME _____

TITLE _____

ADDRESS _____

PHONE _____

AREA OF PRACTICE _____

EMPLOYER _____

FEES: \$10.00 For LNAs
\$30.00 For ARNP, RN, LPN, Allied Professionals
All Fees INCLUDE LUNCHEON

Make check payable to:
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Send check with registration to:
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78 REGIONAL DRIVE BLDG B
PO BOX 3898
CONCORD NH 03302-3898

**Nursing Odyssey 2002 and beyond
A Day of Discussion
with the
New Hampshire Board of Nursing**

June 5, 2002

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